

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2020 OCT 22 PM 1:16
Office Use Only

1. NAME OF COMMITTEE (in full) **AMERICAN INSTITUTE OF STEEL CONSTRUCTION PAC**
 TYPE OF PRINT **12FE4M5**
 Example: If typing, type over the lines.

ADDRESS (number and street) **1,30 EAST RANDOLPH STREET**
SUITE 2000
CHICAGO ILL 60601
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER **C00542305**
 CITY **CHICAGO** STATE **ILL** ZIP CODE **60601**
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

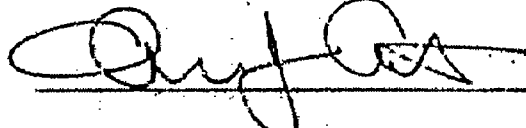
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12F)
 Convention (12C) Special (12S)
 Election on **10/15/20** in the State of **ILL**

(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on **10/15/20** in the State of **ILL**

5. Covering Period **07/01/2020** through **09/30/2020**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
 Type or Print Name of Treasurer **CHARLES J. CARTER**

Signature of Treasurer  Date **10/15/2020**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

NONPROFIT CORPORATION

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICAN INSTITUTE OF STEEL CONSTRUCTION PAC

Report Covering the Period: From:

M	M
0	7

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	2	0

 To:

M	M
0	9

 /

D	D
3	0

 /

Y	Y	Y	Y
2	0	2	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>2</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	2	0		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>6</td><td>6</td><td>1</td><td>0</td><td>0</td><td>0</td></tr></table>	2	6	6	1	0	0	0
Y	Y	Y	Y														
2	0	2	0														
2	6	6	1	0	0	0											
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>4</td><td>5</td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	2	4	5	4	0	0	0									
2	4	5	4	0	0	0											
(c) Total Receipts (from Line 19)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0	0	
0	0	0	0	0	0	0											
0	0	0	0	0	0	0											
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>4</td><td>5</td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	2	4	5	4	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>4</td><td>5</td><td>4</td><td>0</td><td>0</td><td>0</td></tr></table>	2	4	5	4	0	0	0	
2	4	5	4	0	0	0											
2	4	5	4	0	0	0											
7. Total Disbursements (from Line 31)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>1</td><td>0</td><td>5</td><td>0</td><td>0</td><td>0</td></tr></table>	2	1	0	5	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>1</td><td>0</td><td>5</td><td>0</td><td>0</td><td>0</td></tr></table>	2	1	0	5	0	0	0	
2	1	0	5	0	0	0											
2	1	0	5	0	0	0											
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>2</td><td>4</td><td>3</td><td>5</td><td>0</td><td>0</td></tr></table>	2	2	4	3	5	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>2</td><td>4</td><td>3</td><td>5</td><td>0</td><td>0</td></tr></table>	2	2	4	3	5	0	0	
2	2	4	3	5	0	0											
2	2	4	3	5	0	0											
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0	0									
0	0	0	0	0	0	0											
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr></table>	0	0	0	0	0	0	0									
0	0	0	0	0	0	0											

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
1050 First Street, N.E.
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

UNCOMMUNICATED INFORMATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICAN INSTITUTE OF STEEL CONSTRUCTION PAC

Report Covering the Period: From:

MM	DD
07	01

 /

YYYY	MM	DD
2020	09	30

 To:

MM	DD
09	30

 /

YYYY	MM	DD
2020	09	30

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

NOV 10 10 01 AM '20

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures <small>Bank Fees</small>	0.00 105 00	0.00 175 00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00 105 00	0.00 175 00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00 2 000 00	4 000 00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0 00 210 500	4 175 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00 200 000	4 000 00

2025 RELEASE UNDER E.O. 14176

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00 200000	0.00 40000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00 200000	0.00 40000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00 10500	0.00 17500
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00 10500	0.00 17500

NONDISBURSED TO DATE

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
AISC PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0000
TOTAL This Period (last page this line number only).....▶	0000

2025 RELEASE UNDER E.O. 14176

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AISC PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) James E. Clyburn</p> <p>Mailing Address 499 South Capitol Street, SW</p> <p>City Washington DC State Zip Code 20003</p> <p>Purpose of Disbursement General Fundraising</p> <p>Candidate Name James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>MM / DD / YYYY 07 / 17 / 2020</p> <p>FEC Identification Number C00255562</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Peter Defazio</p> <p>Mailing Address 3321 SE 20th Avenue C/O C&E Systems</p> <p>City Portland, OR State OR Zip Code 97202</p> <p>Purpose of Disbursement General Fundraising</p> <p>Candidate Name Peter Defazio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>MM / DD / YYYY 08 / 28 / 2020</p> <p>FEC Identification Number C00215905</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>		
<p>C.</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>			<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>FEC Identification Number C</p> <p>Amount of Each Disbursement this Period</p> <p><input type="checkbox"/> Memo Item</p>		
<p>SUBTOTAL of Disbursements This Page (optional).....</p>			<p>2000.00</p>		
<p>TOTAL This Period (last page this line number only).....</p>			<p>2000.00</p>		

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2025 RELEASE UNDER E.O. 14176

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER												
			C												
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan		Interest Rate (APR)											
Mailing Address			Date Incurred or Established												
			<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y						
City		State	Zip Code		Date Due										
					<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y						
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred												
			<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y						
B. If line of credit,		Amount of this Draw:		Total Outstanding Balance:											
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)															
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? _____ Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes											
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? _____											
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).			Location of account:												
Date account established:			Address:												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	City, State, Zip: _____		
M	M	/	D	D	/	Y	Y	Y	Y						
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.															
G. COMMITTEE TREASURER				DATE											
Typed Name				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y						
Signature															
H. Attach a signed copy of the loan agreement.															
I. TO BE SIGNED BY THE LENDING INSTITUTION:															
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.															
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.															
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.															
AUTHORIZED REPRESENTATIVE				DATE											
Typed Name				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">M</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">D</td> <td style="border: 1px solid black; width: 20px; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Y</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y
M	M	/	D	D	/	Y	Y	Y	Y						
Signature			Title												

20160501 10:00:00 AM

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text"/>

11-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER C _____
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	
City	State
Purpose of Expenditure	Category/Type <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	
City	State
Purpose of Expenditure	Category/Type <input type="text"/>
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date / /

NON-FEDERAL CAMPAIGN FINANCING

**SCHEDULE F (FEC Form 3X)
 ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
 POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
 ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full)					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO		Full Name of Subordinate Committee			
If YES, name the designating committee:		Mailing Address			
		City		State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure		Category/ Type
Mailing Address					
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:		House	State: _____
				Senate	District: _____
				Presidential	
Aggregate General Election Expenditure for this Candidate ▶		Amount			

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure		Category/ Type
Mailing Address					
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:		House	State: _____
				Senate	District: _____
				Presidential	
Aggregate General Election Expenditure for this Candidate ▶		Amount			

Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item			Purpose of Expenditure		Category/ Type
Mailing Address					
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:		House	State: _____
				Senate	District: _____
				Presidential	
Aggregate General Election Expenditure for this Candidate ▶		Amount			

SUBTOTAL of Expenditures This Page (optional).....▶					Amount
TOTAL This Period (last page this line number only).....▶					Amount

11-01-2016 10:10:10 AM

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

UNION COMMUNICATIONS

ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> %

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M</div> <div style="border: 1px solid black; padding: 2px;">/ D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
ii) Generic Voter Drive	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
iii) Exempt Activities	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
b) _____	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
c) Total Amount Transferred For Direct Fundraising	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
b) _____	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
c) Total Amount Transferred For Direct Candidate Support	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
vi) Public Communications Referring Only to Party (Made by PAC)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
TOTAL This Period (Generic Voter Drive)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
TOTAL This Period (Exempt Activities)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
TOTAL This Period (Direct Fundraising)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
TOTAL This Period (Direct Candidate Support)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
TOTAL This Period (Public Communications Referring Only to Party)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>
TOTAL This Period (Total Amount Transferred)	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>

61-0000000-100-1000-00100000

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address
 City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

B. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address
 City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

C. Full Name (Last, First, Middle Initial) Memo Item **Allocated Activity or Event:**
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Mailing Address
 City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event Year-To-Date

Date / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

+ =

PHOTOGRAPHED BY MICHAEL J. HENNING

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
 Total Amount Transferred for Voter Registration..... **VOTER REGISTRATION**

ii) **Voter ID**
 Total Amount Transferred for Voter ID..... **VOTER ID**

iii) **GOTV**
 Total Amount Transferred for GOTV..... **GOTV**

iv) **Generic Campaign Activity**
 Total Amount Transferred for Generic Campaign Activity..... **GENERIC CAMPAIGN ACTIVITY**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**
 Total Amount Transferred for Voter Registration..... **VOTER REGISTRATION**

ii) **Voter ID**
 Total Amount Transferred for Voter ID..... **VOTER ID**

iii) **GOTV**
 Total Amount Transferred for GOTV..... **GOTV**

iv) **Generic Campaign Activity**
 Total Amount Transferred for Generic Campaign Activity..... **GENERIC CAMPAIGN ACTIVITY**

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NONPROFIT CORPORATION

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address					
City	State	Zip Code	<input type="checkbox"/>	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement			Category/ Type	Date	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address					
City	State	Zip Code	<input type="checkbox"/>	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement			Category/ Type	Date	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address					
City	State	Zip Code	<input type="checkbox"/>	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement			Category/ Type	Date	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		= TOTAL AMOUNT
TOTAL This Period for the Levin Share					

GENERAL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT		
(Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

20160501 10:00:00 AM

SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: <input type="checkbox"/> 1a <input type="checkbox"/> 2	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual)			Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual)			Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual)			Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
D. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <input type="checkbox"/> Memo Item Mailing Address City State Zip Code Name of Employer (for Individual) Occupation (for Individual)			Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period Aggregate Year-to-Date
SUBTOTAL of Receipts This Page (optional).....▶			Amount of Each Receipt this Period Aggregate Year-to-Date
TOTAL This Period (last page this line number only).....▶			Amount of Each Receipt this Period Aggregate Year-to-Date

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE OF
(check only one) 4a 4c 5
 4b 4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

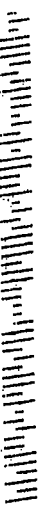
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

RECEIVED
FEC MAIL CENTER
2020 OCT 22 PM 1:16

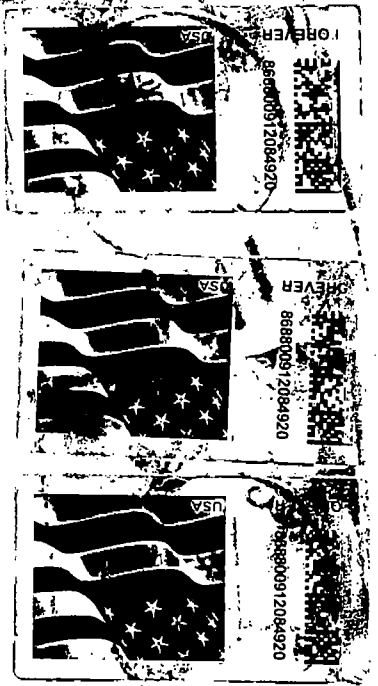
MICHAEL MOSPAN
10
PY



Federal Election Commission

1050 First Street, N.E.

Washington, DC 20463



NONO: HO: NO: OM: OMM: OMM: OMM

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>N/A</i> Date of Receipt <i>10/22/20</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

10-27-20
 DATE PREPARED

ANNOUNCEMENT INFORMATION